

CITY OF LAS VEGAS — ANIMAL CONTROL UNIT

416 N. 7th Street, Las Vegas, NV 89101

702-229-6444 opt 2 (Voice) 702-386-9108 (TDD)

PROFESSIONAL ANIMAL HANDLER PERMIT

☐ NEW

☐ RENEWAL

OWNER'S NAME: _____

OWNER'S

HOME

HOME ADDRESS: _____

PHONE: _____

(NO P.O. BOXES)

NAME OF BUSINESS: _____

PHONE: _____

ADDRESS: _____

ZIP: _____

TYPE OF BUSINESS: _____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

I understand that if this permit is granted, I am to comply with all applicable municipal ordinances. I further understand that if compliance is not maintained, this permit is subject to suspension, revocation, and/or the issuance of a citation to appear in court.

SIGNATURE: _____

DATE: _____

Submit completed application to the Animal Control Unit at above address.

Do not send payment with this application. A bill for \$50 will be sent from City of Las Vegas Department of Finance. Upon receipt of payment an inspection will be scheduled.

DO NOT WRITE BELOW THIS LINE

RECEIPT # _____

PERMIT # _____

EXPIRES: _____

APPROVED ☐

DISAPPROVED ☐

BY: _____

ANIMAL REGULATION OFFICER or Designee

DATE: _____